PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

Telephone 508-898-1818

Date January 12, 2009

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/532,670 **Application Number** EE TRANSMITTA Filing Date June 16, 2005 For FY 2009 First Named Inventor Masayuki Kitagawa **Examiner Name** Aulakh, Charanjit Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1625 TOTAL AMOUNT OF PAYMENT 1,840.00 Attorney Docket No. 441P091 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 220 Design 140 110 100 50 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 220 Provisional 110 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) Multiple dependent claims 390 195 **Total Claims** Extra Claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof <u>Fee (\$)</u> Fee Paid (\$) - 100 = / 50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue Fee, Publication Fee & Advanced order fee \$1840.00 SUBMITTED BY Registration No. 32,579

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Name (Print/Type) Kevin S. Lemack

TRANSMITTAL FORM (to be used for all correspondence after initial filling)	Filing Date First Named Inventor Art Unit Examiner Name	PTO/SB/21 (12-08) Approved for use through 01/31/2009. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ection of information unless it displays a valid OMB control number. 10/532,670 June 16, 2005 Masayuki Kitagawa 1625 Aulakh, Charanjit						
Total Number of Pages in This Submission 5	Attorney Docket Number	441P091						
ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	ddress Status Letter Other Enclosure(s) (please Identify below): -Issue Fee Transmittal Letter -Part B - Issue Fee Transmittal Form						
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name Nields & Lemack Signature Printed name Kevin S. Lemack								

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Date

January 12, 2009

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32,579

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BOX ISSUE FEE



In re application of

Group Art Unit: 1625

Masayuki Kitagawa et al.

Examiner: Aulakh, Charanjit

Serial No.: 10/532,670

Filed: June 16, 2005

Allowance Date: 11/05/2008

Case No: 441P091

Confirmation No: 5887

Customer No: 42754

For:

High-Molecular Weight Derivatives of Camptothecins

Mail Stop: Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

LETTER OF TRANSMITTAL

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$1840.00 in payment of the issue fee, publication fee and the advanced order fee for the above application.

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

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Signature: Kevin S. Lemack
Date: January 12, 2009

Respectfully submitted,

Kevin S. Lemack
Attorney for Applicants
Registration No. 32,579
Nields & Lemack

176 E. Main Street-Suite 5 Westboro, MA 01581 TEL: (508) 898-1818

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Westboro, MA 0	1581		Γ	Kevin S	. Lemack	(Depositor's name)
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AULAKH, C	HARANJIT	1625	546-048000			
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Authorized Signature	100			Date	Jänuary 12, 2009)
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